

Fears of Compassion in Psychosis: Preliminary results on reliability, validity and dimensional structure of the Fears of Compassion Scales

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Introduction

The ability for compassionate responding, to others and self, is rooted in and developed by the attachment system and the reactivation of the attachment system (e.g. by compassionate responses from others) when aversive early experiences have blocked it, this might give rise to difficult memories and feelings (Gilbert, McEwan, Matos, & Rivas, 2011).

Fears of compassion (FOC) include experiencing defensive emotions and avoidance reactions when receiving or giving compassion: to and from others and self-compassion.

FOC have been associated with psychopathology (e.g. Gilbert, McEwan, Catarino, Baião, & Palmeira, 2014; Kelly, Carter, Zuroff, & Borairi, 2012; Miron, Sherrill, & Orcutt, 2015), specifically psychotic symptoms, such as persecutory ideation/paranoia (Martins, et al., *in preparation*). FOC have the potential to be particularly prevalent in individuals with psychosis:

- ❑ People with psychosis often present insecure attachment patterns, such as attachment anxiety and attachment avoidance (Berry, Barrowclough, & Wearden, 2008)
- ❑ Fears of compassion have been reported as most prevalent in people with high levels of shame and self-criticism (Gilbert, et al., 2011) and people with psychosis usually report high levels of shame and self-criticism (Hutton, Kelly, Lowens, Taylor, & Tai, 2013)
- ❑ People with psychosis usually lack emotional awareness and have deficits in emotion-regulation skills (e.g. Lincoln, Hartmann, Köther, & Moritz, 2015), which may contribute to FOC.

The FOC scales were developed to measure the fears of compassion in all compassion flows: giving compassion to others, receiving compassion from others and self-compassion (Gilbert et al., 2011).

This study's aim was to preliminary study the reliability and validity of the FOC scales in a sample of patients with a diagnosis of psychosis, as well as preliminarily explore their dimensional structure.

Methods

Participants and Procedure

- ❑ Ethics Committee approval – Participants recruited from the CHBV Community Mental Health Unit
- ❑ Outpatients and inpatients
- ❑ Diagnosis of a schizophrenia-spectrum disorder
- ❑ Ages between 19 and 59
- ❑ Without severe cognitive deficits

Table 1. *Sample characteristics*

Participants	N=99
Gender	76.8% male
Age	M=33.65; SD=8.93
School years	M=10.87; SD=3.45
Diagnosis	60.6% Schizophrenia
Age of illness onset	M=25.18; SD=7.98
N° of hospitalizations	M=2.06; SD=1.86

Measures

- ❑ Fears of Compassion scales (Gilbert et al., 2011). The FCS are three scales developed to assess the types of Fears of Compassion. The FOC for others relates to the sensitivity people have for others' thoughts and feelings. The FOC from others subscale refers to the experience of compassion from others as it flows into the self. The FOC for self relates to the compassion people have for themselves when things go wrong. In this study alphas ranged from .84 to .92
- ❑ Self-Compassion scale (Neff, 2003). The SCS aims to assess positive (self-kindness, common humanity and mindfulness) and negative components (self-judgement, isolation and over-identification) of self-compassion. In this study alphas ranged from .62 to .80. ($n = 50$)

Statistical analysis plan

- ❑ Reliability and validity analysis were performed with SPSS software and included item statistics, Cronbach's alpha and correlation analysis
- ❑ CFA and EFA were performed with MPLUS software:
 - CFA: to test the original factor structure proposed by Gilbert et al., 2011: fear of compassion for others; fear of compassion from others; fear of self-compassion
 - EFA: for FOC from others and FOC self-compassion due to unacceptable fit of the unifactorial structure

Results

Dimensional structure and Reliability

Results from CFA and EFA are presented in Table 2. Acceptable fit was found in CFA for FOC for others but not for the other two original factor structures (FOC from others and FOC self-compassion). EFA for FOC from others yield an alternative two-factor solution. The alternative solution comprises one factor in which FOC is focused on others (e.g. *I worry that people are only kind and compassionate if they want something from me*) and other factor focusing on the self (e.g. *Feelings of kindness from others are somehow frightening*) – factor structure available from the 1st author. Although there were not found acceptable fit indices in the CFA for FOC self-compassion, EFA indicated that the one-factor structure might be the best solution. Therefore the CFA indices are presented.

Table 2. *Results from dimensional study*

	χ^2	df	RMSEA	CI – RMSEA	CFI	TLI	SRMR
CFA - Giving	47.867 ($p=.06$)	34	.06 ($p=.28$)	.00-.10	.96	.94	.06
EFA – Receiving (2-factor)	81.277 ($p<.001$)	53	.07 ($p=.12$)	.04-.10	.95	.92	.047
CFA – Self	165.452 ($p<.001$)	87	.10 ($p=.001$)	.07-.12	.90	.88	.06

Given the preliminary nature of the present study and the fact that acceptable fit indices were only found for FOC for others (original) and FOC from others (alternative solution, loadings=.40-.92) we chose to perform the remaining analysis considering both the new and original factor structures.

Adequate internal consistency was found for the three scales - alpha=.84 (FOC giving), .90 (FOC receiving), .83 (FOC receiving focused on others), .87 (FOC receiving focused on self) and .92 (FOC self-compassion).

Validity

FOC were associated with each other ($r = .43-.63$). Correlation analysis were performed with the subscales of the self-compassion scale.

Table 3. *Correlation analysis*

	Original FOC giving	Original FOC receiving (original)	New factor-structure FOC receiving (focused on others)	Original FOC receiving (focused on self)	Original FOC self
SCS Self-kindness	-.29*	-.42**	-.47**	-.41**	-.38**
SCS Common humanity	-.27	-.34**	-.37*	-.30*	-.23
SCS Mindfulness	-.10	-.45**	-.46**	-.40*	-.23
SCS Self-judgement	.15	.43**	.51**	.35*	.32*
SCS Isolation	.23	.53**	.58**	.47**	.49**
SCS Over-identification	.11	.43**	.49**	.46**	.25

Note: * $p < .05$; ** $p < .01$

Discussion

- ❑ The original factor structure was partially corroborated. Further study is needed for FOC from others and FOC self-compassion.
- ❑ The alternative factor structure for FOC from others may be more adequate to people with psychosis. Nevertheless, the original factors seem to have adequate reliability and validity therefore, replication is necessary as well as further study with larger samples.
- ❑ The associations found with self-compassion are indicative of validity although further study is needed particularly regarding the FOC for others subscale.
- ❑ Although preliminary, the results may provide orientation for future research on FOC with people with psychosis.